NATIONAL QUALITY FORUM
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Meeting Summary

Prevention and Population Health Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Prevention and Population Health Standing Committee for web meetings on February 17 and 18, 2021, to evaluate one measure.

Welcome, Introductions, and Review of Meeting Objectives

NQF welcomed the Standing Committee and participants to the web meeting. Nicole Williams, NQF director, reviewed the meeting objectives, introduced other NQF project team members, and informed those on the call that the meeting was being recorded. Dr. Thomas McInerny and Dr. Amir Qaseem, co-chairs of the Prevention and Population Health Standing Committee, provided welcoming remarks to the members, developers, and the public. Ms. Williams reviewed general housekeeping reminders with the Standing Committee and encouraged members to use the video and chat features and to mute themselves when not speaking. NQF monitored the chat continuously throughout the web meetings. Michael Katherine Haynie, NQF senior managing director, conducted attendance and reviewed NQF's disclosures of interest policy. The Standing Committee had no conflicts of interest to disclose.

For these two measure evaluation meetings, quorum, which is defined as at least 66 percent of active Standing Committee members in attendance, was met and maintained for the entirety of both meetings. Due to late arrivals and early departures, some Standing Committee members were not present for the entirety of both meetings. The vote totals reflect members present and eligible to vote at the time of the vote.

Topic Area Introduction and Overview of Evaluation Process

NQF staff provided an overview of the Consensus Development Process (CDP) and the measure evaluation criteria. Ms. Williams also reviewed the guidelines for achieving consensus and voting.

A measure is recommended for endorsement by the Standing Committee when the vote margin on all must-pass criteria (Importance, Scientific Acceptability, Use), and overall, is greater than 60 percent of voting members in favor of endorsement. A measure is not recommended for endorsement when the vote margin on any must-pass criterion or overall is less than 40 percent of voting members in favor of endorsement. The Standing Committee has not reached consensus if the vote margin on any must-pass criterion or overall is between 40 and 60 percent, inclusive, in favor of endorsement. When the Standing Committee has not reached consensus, all measures for which consensus was not reached will be released for NQF member and public comment. The Standing Committee will consider the comments and re-vote on those measures during a webinar convened after the commenting period closes.

The NQF Prevention and Population Health portfolio of endorsed measures was not reviewed by the Standing Committee, although they asked to schedule a portfolio review at a future meeting to identify measure gaps and recommend new measure concepts. There are currently 33 measures in the Prevention and Population Health portfolio covering a variety of topics, including immunizations,

weight, and body mass index (BMI), diabetes, cancer screening, pediatric dentistry, cardiovascular and respiratory conditions and illnesses, infections, colonoscopy, admission rates, and well-child visits.

Measure Evaluation

During the meeting, the Prevention and Population Health Standing Committee evaluated one new measure for endorsement consideration. A summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report. NQF will post the draft technical report for public comment on the NQF website for 30 calendar days beginning April 1, 2021.

The criterion voting options are listed below:

Rating Scale: H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

#3592 Global Malnutrition Composite Score (Academy of Nutrition and Dietetics/Avalere)

This electronic clinical quality measure (eCQM) composite measure targets hospitalized adults that are 65 years and older in four component measures: 1) screening for malnutrition risk at admission, 2) completion of a nutrition assessment for patients who are screened for risk of malnutrition, 3) appropriate documentation of malnutrition diagnosis, if indicated by the nutrition assessment, and 4) development of a nutrition care and treatment plan for patients diagnosed with malnutrition.

Level of Analysis: Facility
Setting of Care: Inpatient/Hospital
Type of Measure: Composite
Data Source: Electronic Health Records

Measure Steward/Developer Representatives at the Meeting

Measure Developer: Angel Valladares (Avalere Health)
Measure Steward: Sharon McCauley (Academy of Nutrition and Dietetics)

Standing Committee Votes

The NQF Measure Evaluation Criteria Guidance states that complex measures require a review by the Scientific Method Panel (SMP) prior to the Standing Committee's review. *Complex* is defined as outcomes, intermediate outcomes, instrument-based, patient-reported outcome-based performance, cost and resource use, and efficiency measures. SMP members (i.e., measure methodology experts) reviewed the scientific acceptability (i.e., reliability and validity) and composite construction evaluation criteria. As a composite measure, an SMP review was conducted. The Standing Committee and SMP's vote totals below are designated with an asterisk (*) for must-pass criteria. The use must-pass criterion is for measures submitted for maintenance review only.

- Evidence*: H-1; M-15; L-1; I-2 (19 votes total)
- Performance Gap*: H-0; M-9; L-2; I-7 (18 votes total) (Consensus Not Reached)
- Composite - Quality Construct and Rationale*: H-2; M-14; L-1; I-0 (17 votes total)
- Reliability*: H-0; M-13; L-2; I-3 (18 votes total)
    - The SMP's rating for Reliability: Moderate (H-2; M-4; L-0; I-2)
    - The Standing Committee did not accept the SMP's Moderate rating: (Yes-15; No-2) (17 votes total).
- Validity*: H-0; M-14; L-3; I-0 (17 votes total)
    - The SMP's rating for Validity: Moderate (H-0; M-6; L-0; I-2)
    - The Standing Committee did not accept the SMP's Moderate rating: (Yes-15; No-2) (17 votes total)
- Composite Construction: H-0; M-14; L-3; I-1 (18 votes total)

    - The SMP's rating for Composite Construction: Moderate (H-2; M-3; L-2; I-1)
    - The Standing Committee did not accept the SMP's Moderate rating: (Yes-15; No-3) (18 votes total)
- Feasibility: H-3; M-12; L-2; I-0 (17 votes total)
- Use*: Pass-15; No Pass-1 (16 votes total)
- Usability: H-4; M-8; L-3; I-1 (16 votes total)

Standing Committee Recommendation for Endorsement: N/A

The Standing Committee did not reach consensus on performance gap, a must-pass criterion. This criterion will undergo a revote, along with overall suitability for endorsement, during the post-comment web meeting on June 3, 2021. The developer provided an overview of the measure, including the history and context for developing the composite eCQM. The four components of the composite were previously submitted as individual measures in the 2015-2017 Health and Well-Being Project. They did not pass endorsement based on evidence, provider-reporting burden, and data element feasibility concerns. The 2015-2017 Health and Well-Being Standing Committee and the 2016 NQF Measure Applications Partnership (MAP) recommended combining the individual measures into a composite due to the presence of evidence-based performance gaps and a measure gap in the NQF portfolio.

The developer provided robust evidence for the Malnutrition Care Workflow framework, a six-step approach for identifying older, malnourished hospitalized patients, developing individualized nutrition care plans, and evaluating performance of the multidisciplinary team of nurses, dieticians, and providers. The evidence links the framework steps to decreases in-hospital length of stay (LOS) and 30-day readmissions. Poor management of malnutrition also negatively contributes to infections and pressure ulcers that may require increased treatment needs. One Standing Committee member asked for malnutrition evidence linking hospital interventions to decreasing patient complications, such as benefits to mortality and disease progression. Most Standing Committee members supported the evidence and importance of the topic that assigns accountability to the hospital team. A few Standing Committee members expressed concerns with the lack of validated screening and assessment tools required in the first two components, which the developer stated are widely embedded in multidisciplinary electronic health record (EHR) documentation. After a lengthy discussion, the measure passed on evidence. Both the literature and performance data demonstrated performance gaps in the four components and the composite. Populations at risk for malnutrition demonstrated mixed results by age (i.e., less than 65 years), race, ethnicity, and geography. After a robust discussion on performance gaps and the ability to discern differences within and between populations, the Standing Committee expressed their desire for additional facility-based performance data based on age, race, ethnicity, sex, and geography that were not detailed in the submitted data, specifically as African American and Hispanic communities are at higher risk of malnutrition. The Standing Committee did not reach consensus for the performance gap criterion. NQF staff will guide developers to provide the requested health disparities data for the Standing Committee's post-comment web meeting on June 3, 2021. The Standing Committee reviewed the quality constructs and composite calculation as the average of the four component rates that require three of the four measures for denominator inclusion. The Standing Committee passed the measure on the quality construct and rationale of composite.

The SMP gave the composite a moderate reliability rating. The Standing Committee did not accept the SMP's recommendation and discussed reliability testing. They questioned the reliability of the screening

and assessment component measures without explicitly requiring the validated tools in the numerators of the first and second components of the composite, which are recommended by the evidence. The developer stated that testing was conducted in facilities where validated screening tools were used. Some members discussed the composite's impact in relation to factors outside of the hospital's control that may also increase the risk of hospitalization, LOS, and readmissions. Social determinants of health (SDOH) or social risk factors that may worsen malnutrition include nutrition security, financial barriers, insurance denials, homelessness, language, or other barriers identified in malnutrition care planning. The developer noted that the care plan identifies needs during the hospitalization period and attempts to address SDOH in preparation for hospital discharge. Furthermore, by analyzing population needs, post-discharge and community-based services interventions may be enhanced from the health system perspective. Having no more comments, the Standing Committee voted moderate for the reliability of the measure. In addition, the SMP gave the measure a moderate rating for validity. The Standing Committee did not accept the SMP's recommendation and instead discussed validity testing. The Standing Committee questioned the correlation of care plan development to the LOS and 30-day readmissions and whether testing in hospitals where only the components were implemented biased the findings. They also asked whether outcomes data based on discharge to home versus skilled care were available to capture the impacts of hospital-based interventions for the health system. The developers stated that wide composite implementation in non-tested hospitals should reduce bias concern. Standing Committee members asked whether the four individual components were tested to support each other and whether the success of one component contributes to the success of other components. The developers explained that the composite components mirroring the framework is intended to aid overall performance, which was demonstrated in the item to score correlation, results, and analyses. Having no more comments, the Standing Committee voted moderate for validity. The Standing Committee voted not to accept the SMP's moderate rating for composite constructs. No additional comments were raised by Standing Committee members and the measure passed on composite construct. The Standing Committee noted that the composite's eCQM data elements are readily captured in an EHR and voted moderate for feasibility. The Standing Committee discussed use and usability simultaneously. The measure is currently used in the Malnutrition Quality Improvement Initiative, and it is intended for public reporting, accountability, regulatory, and accreditation programs. The developers stated that the potential usability of the composite allows the multidisciplinary team to identify process gaps with the component measures, which also act as "fillers" for lags in individual component performance. One Standing Committee member asked how the licensed nutritionists staff shortages and other factors outside the hospital may affect usability. The Standing Committee members stated that an analysis of measure implementation may provide evidence of staffing gaps and the importance of community-based nutrition programs. The Standing Committee voted to pass the composite for use and usability. No related or competing measures were identified for review.

Public Comment

No public or NQF member comments were provided during the measure evaluation meeting.

Next Steps

NQF will post the draft technical report on April 1, 2021, for public comment for 30 calendar days. The continuous public commenting period with member support will close on April 30, 2021. NQF will reconvene the Standing Committee for the post-comment web meeting on June 3, 2021. The Consensus

Standard Approval Committee (CSAC) will review the measure and recommendation from the Prevention and Population Health Standing Committee on June 29 and 30, 2021. An appeals period will be held July 7-August 8, 2021.